



SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE (\$1,000 CONTRIBUTIONS OR MORE)

State Form 48492 (R4/11-05)

Indiana Election Commission (IC 3-9-5-20.1; 3-9-5-22)

(CFA-11)

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-11
REPORT

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly in **BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

COMMITTEE INFORMATION

1. Full Name of Candidate (include any nickname) <input type="checkbox"/> Check if this is a new name Lakeisha Jackson			2. Committee Telephone Number (317) 354-9283		
3. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address P.O. 26856					
4. City Indianapolis	State IN	ZIP Code 46220	5. Party Affiliation or If Independent Candidate Democrat		
6. Office Sought (include district number, if any. Not required for exploratory committee.) City County Council District 14			7. County of Residence Marion		
8. Reporting Period: From: April 11, 2015 Through: 10/9/2015					

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

CONTRIBUTOR'S FULL NAME AND OCCUPATION
FULL MAILING ADDRESS
(street, number, city, state, ZIP code)

TYPE OF CONTRIBUTION
OR OTHER RECEIPT

COLUMN A
AMOUNT OF
CONTRIBUTION

DATE RECEIVED
RECEIVED BY

Classification	CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED RECEIVED BY
1.	Hogsett For Indianapolis 133 E Market St #130 Indianapolis, IN 46204	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	\$3000	10/21/2015
2.	F4C Development INC 8900 Keythene Crossing Suite 100 Indianapolis, IN 46240	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	\$500	10/22/2015
3.		Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)		

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer [Signature]	Title Treasurer	Date (MM-DD-YY) 10/23/2015
Signature of Candidate (if applicable) [Signature]		Date (MM-DD-YY) 10-23-2015

Warning: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report is guilty of a Class A misdemeanor (IC 3-14-1-14), and may be subject to civil penalty.

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FILED

OCT 23 2015

Myra A. Eldridge

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